

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031046

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4138

FILED AUG 28 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas CityLength of stay in 1b  
53c. CITY  
OR TOWN Kansas CityInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Our Lady Of MercyInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
503 So. MonroeReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Isa

Agnes

Hicks

## 4. DATE OF DEATH

Month

Day

Year

August

8th.

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

## 8. DATE OF BIRTH

7/15/1882

## 9. AGE (last birthday)

80

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Chillicothe Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Harry W. Stratton

## 13b. MOTHER'S MAIDEN NAME

Morlan

## 14. NAME OF HUSBAND OR WIFE

Henry

Hicks

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service) None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Evelyn Giangrosso Dallas Texas

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cancer of alimentary tract

## INTERVAL BETWEEN ONSET AND DEATH

9 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Nov. 7, 1961 to Aug 8, 1962 and last saw her alive on Aug. 7, 1962  
Death occurred at 3:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

R. Paul Wright M.D. / 411 Nichols Rd.

8-10-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11/Aug. 62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

## 23d. LOCATION (City, town, or country)

Kansas City Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Peter B. Lapetina 538 Campbell St.

## 25. DATE RECD. BY LOCAL REG.

8-10-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Paul Wright

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~on~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jack F. Moore*

Licensed Embalmer No.

*4229*

P. O. Address

*Trinidad, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.